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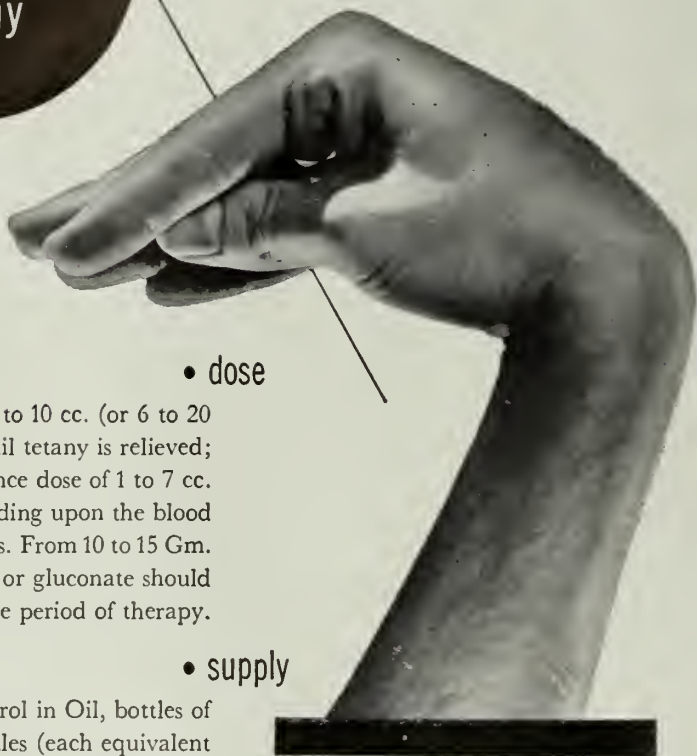
# Harvard Medical Alumni Bulletin

Volume 24, Number 1

October, 1949

## Acute hypocalcemic tetany

(e.g., after total thyroidectomy)  
is swiftly controlled by  
Hytakerol together with calcium.



### • dose

Orally 3 to 10 cc. (or 6 to 20 capsules) daily until tetany is relieved; weekly maintenance dose of 1 to 7 cc. or 2 to 14 capsules depending upon the blood and urine calcium levels. From 10 to 15 Gm. calcium lactate or gluconate should be given daily through the period of therapy.

### • supply

Hytakerol in Oil, bottles of 15 cc.; Hytakerol Capsules (each equivalent to 0.5 cc.), bottles of 50.

# Hytakerol<sup>®</sup>

Brand of  
dihydrotachysterol

*Winthrop-Stearns* INC.  
NEW YORK 13, N. Y. WINDSOR, ONT.

Hytakerol, trademark reg. U. S. & Canada

44-1  
15

# 3 new water-soluble liquid vitamin preparations



## Poly-Vi-Sol

Each 0.6 cc., the usual daily dose, supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Thiamine	1.0 mg
Riboflavin	0.8 mg
Niacinamide	5.0 mg
Ascorbic Acid	50. mg

## Tri-Vi-Sol

Each 0.6 cc., the usual daily dose, supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50 mg

## Ce-Vi-Sol

Each 0.5 cc., the usual daily dose, supplies:

Ascorbic Acid	50 mg
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## each is

Soluble in Water and other liquids  
Scientifically Formulated  
Pleasing to the Taste  
Convenient to Administer  
Ethically Marketed

## indications

All of these preparations are ideally suited for the routine supplementation of the diets of infants and children. They can also be administered to adults.

## administration

Any of these preparations can be stirred into infant's formula, into fruit juice, milk or other liquid, or mixed into cereal, pudding, or other solid food. They can be given with a spoon or dropped directly into the mouth.

## HOW SUPPLIED

These products are available in 15 and 50 cc. bottles, each with an appropriately calibrated dropper.

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TWENTY-FIFTH REUNION



## *The Doctor's Life\**

ROBERT M. GREEN '06

The graduating class has been very kind to invite me to share an informal and unofficial class day and to say a few words on this auspicious occasion; and I assure each member that I appreciate his courtesy and cordiality from the bottom of my heart. I hold you all in special regard as my former pupils in the Class of 1949, initiated into medicine during a great war; and I am therefore all the happier to greet you on this day which signalizes your final enrollment into the noble army of physicians.

Doubtless anything I may have to say to you has already crossed your minds. Perhaps if I were to choose a title for these brief remarks, it would be "The Doctor's Life." After all, physicians have not changed so fundamentally since Chaucer's time. Of course you all remember his "doctor of phisyk"

"Who knew the cause of every malady,  
Were it of hot or cold or moist or dry,  
And where engendered and of what humour:  
He was a verrey parfit practisour."

Supposed omniscience has always been a characteristic of the doctor, and to become a perfect practitioner of his profession should be the goal of every physician. Nevertheless, it is our duty not only to practise but to advance the knowledge of our science; and I have been particularly happy that in recent years not only has the cardinal importance of research been emphasized, but the opportunity and encouragement to engage in it have been afforded to our students during their undergraduate experience. That is a pursuit which every doctor should continue, in one form or another, throughout his life.

Moreover, the doctor should remember that medicine, like charity, begins at

home. "Physician, heal thyself" is a scriptural injunction, and a wise one. In his zeal for the health of others, the physician should never forget his own, but should present himself as an eloquent example of the doctrines which he preaches. George Bernard Shaw has said that "the most pathetic spectacle on earth is a sick doctor taking his own medicine and following his own advice." Evidently that is exactly what Chaucer's "doctor of phisyk" did:

"Of his diete mesurable was he,  
For it was of no superfluete,  
But of great nourishing and digestible."

He knew the value, though not the name, of calories, and the disadvantages and hazards of overweight.

The doctor should remember, too, that his title means primarily "teacher," and that it is his privilege and duty not only to learn and practise and advance the knowledge of medicine, but to teach its principles both to his fellows and to the public "whose welfare most the doctor meditates." Above all, the physician should be himself a lifelong student. "To grow old always learning" was an exhortation of Solon, and to none does it apply more cogently than to the doctor. Medicine, you may remember I said at our first class meeting in Anatomy, is an absorbing, exacting, exciting, fascinating profession. I am sure you have already found it so, and that, in spite of difficulties, obstacles, and problems, you will find it more and more so as you advance in your active professional careers.

The doctor's life, then, should be one not only of practise, research, and teaching, but of constant study. Like Henry Gray, every doctor should be a "perpetual scholar." I conceive that all education begins with information and proceeds

\*Presented at the Class Day Exercises of the Class of 1949, May 28th.

thence through knowledge, learning, and understanding to ultimate wisdom. Information may be defined as the acquisition of factual data; knowledge is the systematic organization of information, learning the correlation and integration of various bodies of knowledge, and understanding the perception of their significance. Finally wisdom is the fine art of effectively applying all information, knowledge, and learning, in the light of understanding, to the problems of human living. It is not enough that the physician should "know the cause of every malady," the science of medicine. He needs also the art, the understanding and wisdom, to apply that knowledge to his own life and to the lives of others. I think if we were naming our Hersey Professorship today, we might well call it not the "Theory and Practise" but the Science and Art of Physic.

Now every art, be it creative or practical, literally transcends instruction and must be developed in the personality of the artist himself. The richer and more varied this personality, the wider and more effective will be its scope of expression in the medium and terms of its art. And these qualities derive from other sources besides those of technical learning. For the enrichment of personality, other fields of knowledge than those of science are essential. Therefore I would advise the enthusiastic and ambitious young physician not to confine his studies to medicine alone, but to let them range abroad through the whole domain of human experience. I must confess I never concurred in the familiar dictum: "Once a doctor, always a doctor, nothing but a doctor."

Let me try to illustrate my meaning by modifying a Greek quotation, first brought to my attention by Dr. Allan Grafflin, whom we have loved long since in our Anatomical Department.

Καὶ ὧς ἔχει ἱατροῦς εἶναι· εὖ εἰδῶς,  
Βίον πορεύου ἄλλοθεν πλὴν ἐκ τούτου.

"It's wonderful to be a doctor, but, realizing this,  
Enrich your life from other sources besides medicine."

I would also advise the young physician, about to engage in the practical art of his profession, not to be unduly concerned by the circumstances which may surround him. Let him rather settle in that situation where he believes he can live most congenially and happily, and create his own environment by broadening and extending his studies and activities through the whole realm of human interests,—the "omne humani scibile."

At the moment, two of the most pressing practical problems that confront the doctor are those of compulsory health insurance and so-called socialized medicine. Perhaps they may be said to constitute the "doctor's dilemma" of today. At this time and place I will not venture to express my personal opinion about such highly controversial and perplexing subjects. Important as they are, they are, in the long range, questions of the day and hour, for which satisfactory solution will be found. Let us rather enjoy and live and work in the present than worry unduly about the future. As usual, Horace said it best:

"Quid sit futurum cras fuge quaerere, et  
Quem fors dierum cumque dabit lucro  
Appone, — — — — —  
Donec virenti canities abest  
Morosa."

"Seek not to know what store the future holds  
For thee or me, such seeking is a sin;  
Take what you get and like it, and receive  
As gain whatever fortune fate may bring,  
While yet old age with his congealing touch  
Spare thy young locks."

Moreover, in the welter of conflicting ideologies which besets us, we may well beware not to make even research our fetish, or science the god of our idolatry. that science, with a capital S, can answer In this atomic age of antibiotics, hormones, isotopes, vitamins, and nuclear fission, mankind is too prone to believe

all his questions. But as Shakespeare, in the person of Hamlet, might well have said,

"There are more things in heaven and earth,  
Horatio,  
Than are dreamt of in your pathology!"

The sciences are almighty in their own domain; but poetry, music, philosophy, and religion, as other modes of human thought, have scaled heights and made revelations unattainable and incomprehensible to Science. Therefore in our pursuit of the knowledge which is power, let us not neglect the power and happiness that come from other sources. It is in

this combination that the doctor's life can attain its fullest fruition, that the practise of medicine can become a true art.

Therefore I repeat to you today,

Βίον πορίζου ἄλλοθεν πλὴν ἐκ τούτου.

Practise medicine with your full heart and soul, but remember there are even more important things in life, and that after all, life is primarily for living. Therefore work hard, play with zest, live happily, enjoy all the fields of learning that life affords, never allow yourself to be intimidated by anything or anybody, fear God, and don't take the world too seriously.

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## *A Visit to Leiden*

J. H. MEANS, '11

Through the courtesy of Dr. Andries Querido, Professor of Medicine at Leiden, I had the pleasure, last June, of a delightful three days in Holland. Professor Querido came to the M. G. H. last April to spend his year as Rockefeller Fellow working with us in the field of clinical endocrinology. When he learned that I was planning to be in Britain during June, he said "While I am in your clinic you must visit mine." I accepted with alacrity and so it came about that Mrs. Means and I stepped off the KLM Convair at the superb Amsterdam airport on a lovely afternoon in mid-June.

We were met by a charming young lady, Miss Nel Van Schouwen, Querido's secretary, who promptly escorted us to his car, and practically acted as a daughter to us during our entire stay in the country. It was a personally conducted tour of the most enjoyable variety. We were housed in a pleasant pension directly on the great beach of the North Sea just outside Leiden. While I was engaged at the University Clinic, Mrs. Means was shown by Miss Van Schouwen a good part of Holland.

I had in addition to scientific interest a deep sentimental satisfaction in visiting the University of Leiden for it was there that in the year 1781 our first Professor of the Theory and Practice of Physic, he who introduced vaccination to America, Dr. Benjamin Waterhouse, obtained his degree of doctor of medicine. Harvard usually looks upon Emmanuel College, Cambridge, as its parent, but the medical school may well look to Leiden. The present Professor of the Theory and Practice of Physic, Dr. George W. Thorn, should plan sometime to go there. I can assure him that he will be well repaid. I mentioned these bonds between our universities when I lectured one evening to the faculty and students.

Leiden is a typical and beautiful little Dutch city. It lives up to the proverbial Dutch cleanliness, which makes the Bostonian hang his head in shame when he thinks of the filth of his own city. The University Hospital, arranged in the detached pavilion style, is spread out in lovely park-like grounds. The buildings are handsome and spacious. They are modern and well equipped.



The medical department is divided into two clinics of one of which Professor Querido is Chief, of the other, Professor J. Mulder who was my genial host, guardian and guide during my whole visit. Querido's clinic focuses on nutritional, metabolic, and endocrine diseases; Mulder's on infectious diseases, and heart and lung. Patients with other disease they divide between them.

I, of course, spent most of my time in the medical clinic, but one morning Professor Mulder took me for a bit of a sight-seeing tour. Driving a short way along quaint tree-lined streets with little canals in the middle, we reached an ancient edifice, the central building of the University. Its function I gathered is approximately that of our University Hall in Cambridge. Before the Reformation it was a Catholic convent but the reformers, with anti-Papist zeal, decided to devote it to the needs of education rather than of religion.

The point of chief interest is the hall of the University Senate. Here the candidates for doctor's degrees have to defend their theses. It is a beautiful, high studied, square room with a portrait of the Prince of Orange over the mantel. The walls are completely covered with portraits of distinguished members of the University, all of a size, and in ebony-black frames, dating all the way from the early 17th century to the present day. One can fancy the plight of the poor candidate on the spot before the long table with its learned throng behind it.

The walls of the bare anteroom in which the students await their ordeal, are covered with the signatures of many generations of candidates. Just one signature, that of a very recent honorary degree recipient, had a bit of glass screwed over it—W. S. Churchill! The corridors of the Senate Building also have been decorated with drawings through the years, by students needing to express themselves. One of their efforts in particular intrigued me. It depicts a student torn by his desire for two goddesses, one

on either side of him—Minerva and Venus. In the garden of the Senate Building is one of the largest and most perfect beech trees, a copper one at that, which I have ever beheld. The graceful ramification of its multitudinous branches gives justification to the use of the term "arborization" to describe certain of our anatomical structures.

We next paid a visit to the laboratory of the great Einthoven. Professor Mulder confessed that he was doubly glad we were going there because he had never seen it himself. Alas, he hasn't seen it yet so far as I know, because at the gate a telephone call caught up with him. It was from his secretary to say that five students were waiting for him to examine them. Had he forgotten them? Yes! Off he rushed without seeing Einthoven's laboratory. But I saw it. I was shown about and entertained with coffee and interesting conversation, by the Professor of Physiology Duyff. We saw several of the early galvanometers and strings that Einthoven made and used—also some of the original electrocardiograms. Einthoven's diener who helped him make strings is alive and there. I met him. It was for me a memorable occasion. I thought of Paul White, and of how in 1913, we had together attended the International Physiological Congress at the old University of Groningen in northern Holland, where we saw demonstrated a still earlier type of electrocardiograph by the Englishman Waller who employed a primitive capillary electrometer for this purpose. Speaking of Groningen, it is interesting that Mulder was teaching in that university and came from there to Leiden.

I could have spent profitably many months in the medical clinic of Leiden, but having only a few days, I had to concentrate on matters of peculiar interest to me. This was done with the help of the charming and able Chief Resident of the Metabolic Department, Dr. J. H. Van Gilse. First of all there were two instruments that I wanted to learn about; one

the new orbitonometer of Dr. A. C. Copper, the other the "hot-wire" metabolimeter made by the Kipp Company of Delft.

Copper's instrument was particularly exciting to me because for many years I have wanted to measure accurately the intraorbital pressure in Graves' disease. I had believed that this could be done by devising an instrument which would disclose how many millimeters backward the eyeball could be pushed by a given weight applied to its anterior surface. I had repeatedly said that such an instrument was needed, but it required an ophthalmologist to devise it, and I never succeeded in interesting any of my ophthalmological friends, here, to the point of getting one in successful operation. Copper, however, has now done so admirably.

Copper showed me his instrument, his data, several of his patients, and demonstrated the use of the instrument on one of them. I am satisfied that his design and method are both excellent, and I predict that much new light will be shed on the puzzling problem of exophthalmos through the use of them. Although some previous attempts at orbitometry have been described in literature, I think that Copper deserves the credit for really putting it on the map as a successful and usable technique. Copper is an ophthalmologist with a genuine interest in endocrinology. The trouble has been, heretofore, that the endocrinologists have possessed an insufficient knowledge of ophthalmology, and that ophthalmologists have known little, and seemingly cared less, about endocrinology. Two skills that needed to be united had not been united. Now Copper has done this. If any young doctor wants to investigate exophthalmos, I would advise him to go to Leiden.\*

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\*Those interested can see the Copper instrument in use in the Thyroid Clinic of the M. G. H. They can read about it in Copper's monograph "Clinical Orbitometry," and they can buy it from C. W. Dixey & Son, Ltd., 9 Cavendish Square, London W1.

The "hot-wire" metabolimeter was shown me by Dr. H. Kassenaar. The physical principle involved is far from new. The point is that the electrical conductivity of a fine heated wire alters in relation to the concentration of various gases in the atmosphere surrounding it. This fact can be exploited to make quantitative determinations of the respiratory gases of man, and if combined with a ventilation recorder the B.M.R. can be calculated from the readings obtained. My interest was in whether such a technique offers any practical advantage over the gasometric method we have used exclusively to date. With the model shown me I don't think it does. It is true that a respiratory quotient is derived but the labor and time expended by the technician is quite as great or greater than that needed for a determination with our usual Benedict-Roth assembly. Moreover, the apparatus is even more costly than the Benedict-Roth. I saw the apparatus used on a patient, and I had it used on me as subject. I found it somewhat difficult to breathe through. However, none of these criticisms is devastating, and my belief is that there may be a rapid evolution of this new type of metabolimeter with the result that an improved model will be turned out, which may put all our ante-diluvian gasometers into the junk pile. I am sure that modern physical recording devices exist which could be applied to the continuous and automatic recording of the gas exchange of man or animals, but it requires engineering skill to design and perfect the hook-up. I have tried repeatedly to interest instrument manufacturers in some research along such lines, but they all fight shy of the cost of exploration and development.

Of other adventures in Holland I can speak but briefly. At a delightful dinner at the Mulders we had the privilege of meeting the distinguished Professor of Pediatrics, Evert Gorter and his wife. Professor Gorter, both pediatrician and protein chemist, has made extensive studies on the molecular structure of proteins by

means of mono-molecular films of them formed by spreading on a surface of water. He has been at this for twenty-five years. The next day I visited his laboratory and saw his ingenious and delightfully simple technical procedure. Not the least remarkable thing about Gorter is that he has not allowed crippling rheumatoid arthritis to thwart him. His victory in this matter is due not only to his own courage, but to the devoted and skillful care which his wife is able to give him. Their joint accomplishment is truly inspiring.

Professors Mulder's and Querido's right hand man on the full-time staff is Dr. A. G. C. Haex. He is a very live wire in all the functions of the full-time clinician, and his special passion is studying the liver by means of biopsies. One of his most exciting items is the demonstration of miliary tubercles in the liver which apparently occur with great frequency in early pulmonary tuberculosis. Thus he has a new approach to the early diagnosis of that malady, particularly in its hematogenic stage.

These contacts about filled the time

that had been arranged for me to spend at the clinic. On our third day, "the girls" as we were calling them by then, Dr. Van Gilse and Miss Van Schouwen took us on an all day motor trip across the country to see the beautiful new National Park, De Hooze Veluwe, which is close to Arnhem where Montgomery established his ill-fated air borne pocket. In the midst of the park is an art gallery where we found the finest collection of Van Goghs that I have yet to see.

The countryside in Holland was lush green in contrast to the parched state of Britain. Cattle dotted the landscape as before the war. The tulips were past, but great fields of iris gave splashes of various bright colors. As we drove to the airport our last day, it was Sunday and fair weather, the canals were full of lovely yachts. They all seemed to have beam winds no matter what direction they were sailing. We came to the conclusion that Holland is making a splendid comeback from tragic and destructive occupation. We had a very happy visit there and we owe it all to Querido and his colleagues.

**THE  
EDWARD K. DUNHAM LECTURES  
FOR THE  
PROMOTION OF THE MEDICAL SCIENCES**

**ADVENTURES AMONG VIRUSES**

THURSDAY, NOVEMBER 3, "Some properties of viruses."

TUESDAY, NOVEMBER 8, "Epidemic influenza."

THURSDAY, NOVEMBER 10, "The puzzle of the common cold."

At five o'clock

At the Harvard Medical School  
Amphitheater, Building D

*by*

**Christopher Howard Andrewes, F.R.S.**

Head of the Department of Bacteriology and Virus Research  
at the National Institute for Medical Research,  
Hampstead, London



*Address By General Paul Hawley*  
*At The Annual Alumni Dinner, Atlantic City*  
*June 8, 1949*

It is a great pleasure to meet again with so many comrades of World War II, with whom it was my privilege to serve. We, who were born, reared and educated in the great Midwest, have heard of Harvard since our early childhood—but only as a dialect of English. My first association with a live Harvard graduate—as distinguished from the stuffed specimens—was during my intern days. Charlie Kiely and Mike Shannon had graduated from Harvard College, but had come back home for their medical education. Clay Crawford graduated from Harvard Medical School in 1914, and came to the Cincinnati General Hospital for his internship—so I was in daily contact with three Harvard men. This was not a fair test, however, because, as happens so often, as soon as these three were removed from civilizing influences, they all went native again, and soon were indistinguishable from the other savages.

It was my great privilege, a year or so ago, to meet a distinguished Harvard alumnus—Dr. Gilson Engel—and to find in him a kindred spirit, devoted to the best in medicine and to the freedom of medical practice, and yet one who recognized the deficiencies in the distribution and the problems in the economics of medical care. His contribution has done more for the public relations of medicine than batteries of high-powered publicity agents. The public understands very little of the various programs for the improvement of health care; but they are refreshed to hear of a distinguished physician who is trying to do something for the public. There is another bond between Dr. Engel and myself—we are both honored by the vicious personal attacks of the same segment of the medical profession, in particular, of a vociferous element in Oregon. So I

was very pleased when he extended to me this invitation to attend your dinner.

It seems quite natural to be again surrounded by Harvard men. I am indebted to Harvard for many services in World War II, and particularly for the 5th General Hospital with its splendid personnel. It has often occurred to me that, in its service, this hospital practiced pure homeopathy. The more its personnel was diluted through transfer of expert personnel and replacement with younger and lesser trained men, the better it became.

Harvard Medical School furnished me with outstanding men in the European Theater of Operations—too many for me to attempt to enumerate them; but there is one to whom I shall be forever indebted, and to whom I can no longer express my devotion, Elliott Cutler. I shall not eulogize Elliott Cutler as a surgeon. His professional capacity is a matter for the judgment of his peers. But he had one quality which I am fully capable of judging; he was one of the greatest soldiers I have ever known.

At the end of the war when I became the Medical Chief of the Veterans Administration, I received one of the greatest shocks in my life. The sudden transition from a medical organization overflowing with talent, such as we had in the European Theater of Operations, to one in which a fine screen was necessary to find such talent was staggering. But, again, Harvard, in association with other fine schools, came to the front and revolutionized the situation in record time. If only people could understand what happened in medicine in the Veterans' Administration during 1945 and 1946, there would not be the slightest danger of compulsory health insurance.

Unfortunately, however, lay people are

not the only segment of our population who are ignorant of health insurance. Too many doctors are woefully ignorant both of the value and of the limitations of the prepayment of the costs of medical care. For example, many physicians ask me why Blue Shield does not insure against the cost of all medical care, including home and office calls. While we have by no means reached the limit of protection that can be offered by voluntary plans, there is a foreseeable limit to the amount of protection that can be offered within the bounds of sound actuarial policy. The greatest obstacle to the extension of the protection offered by voluntary plans is inability to prevent or control abuses. No voluntary insurance of any kind can exist unless it is protected against abuses. If there were no law against arson, fire insurance could exist only at prohibitive rates. If barratry were not a crime, marine insurance would be impossible.

However, one cannot make it a crime for a person to visit a doctor's office or call a physician to his home when there is no necessity for medical attention. Since health insurance cannot be protected by law against such abuses, it must protect itself by such limitations of benefits as force the insured person to carry some part of the risk. So long as the benefits of health insurance are limited to hospitalized illness, we can look to doctors and hospitals to prevent major abuses—although as yet neither hospitals nor doctors fully discharge this responsibility. It is quite possible, and we may expect it to come soon, that the costs of home and office calls can be protected against to a considerable degree through deductible clauses in the contract, such as deducting the costs of the first few visits until the necessity for medical care has been established, or by deducting a fixed dollar amount from the total bill, which amount the insured person must himself pay.

However, even with the limitation of

health insurance to hospitalized illness, a great part of the burden of these costs is lifted from the people. 50% of all of the cost of illness in this country is for hospitalized illness, and is borne annually by only 10% of the people. The other 50% of the cost of illness is spread among the remaining 90% of the population and is obviously not nearly so burdensome as the cost of hospitalized illness. Furthermore, experiments in the field of extension of protection to home and office calls have shown that more than half of the medical bills submitted are for \$6.00 or less. It costs the voluntary plan about \$3.00 to process a claim, whether this claim is for \$5.00 or for \$5,000. Consequently, the heavy administrative overhead of small bills makes such protection uneconomical for the subscriber. On the average, a person will pay less to a doctor for these small services than he would have to pay for insurance against their cost.

There are at present some five major health care bills before the Congress. Senate Bill 1679 is an amalgamation of the Thomas Bill for aid, with the old Murray-Wagner Dingell Bill, and is now the Administration's program. It is not necessary to discuss the compulsory health insurance provisions of this Bill. In some ways, of almost equal danger are the provisions for subsidies to medical education. As this Bill now stands, it is a frank bribe for medical schools to expand their enrollment beyond their capacity to give good training. This Bill offers a subsidy of only \$300.00 a year per student until more students are enrolled than has been the previous practice, and offers \$1700.00 per student per year for all additional enrollment. The subsidies offered vary widely among the several fields of health education; and I told the Sub-committee of the Senate on Health that one cannot but wonder whether the great disparity among the inducements offered by this Bill to the several fields of professional education is a reflection of relative need

or of anticipated resistance to temptation.

Senate 1106 (the Lodge Bill) provides for expensive drugs to the indigent and for expansion of diagnostic facilities. Both of these provisions are meritorious. Senator Lodge has stated that his is only a modest contribution to the problem; and his approach is to be commended for the reason that it does attack the problems one by one rather than offering an omnibus approach to many complex problems.

Senate 1456 (the Hill Bill), to which Dr. Engel contributed, provides for care of indigent through nonprofit insurance agencies but *not* by insuring the indigent. It provides for the payment of voluntary health insurance premiums during periods of unemployment, a most worthy idea.

Senate 1581 (the Taft Bill) provides for public assistance for the medically indigent. All of these voluntary bills have merit. If they possessed no other virtue, they can boast of a realistic approach to the problem of medical care of the indigent. They indulge in no specious sham of attempting to make it appear that the indigent are paying their own way.

Another health bill has just been introduced by Senators Ives and Knowland, and by Congressmen Herter, Javits, Case and Nixon. The motives of all of these gentlemen are beyond suspicion. They are opposed to compulsory health insurance, but they have been deluded into the belief that nothing short of a bill of the scope they offer will prevent the enactment of compulsory health insurance. I regret that I must oppose this Bill as a most dangerous proposal. It is compulsory health insurance in disguise and it can be converted openly into compulsory health insurance upon very short notice. It follows many of the principles of the Health Insurance Plan of New York, and is voluntary socialism.

The principal proposal of this Bill is to offer voluntary health insurance on a sliding scale of subscription rates, based

upon income levels. The Bill provides that the Government will subsidize voluntary Plans for losses incurred through the use of this sliding scale. One of two eventualities is certain to occur if this Bill ever becomes law. First, if the break-even rate charged for the protection is placed somewhere around the mean of incomes, it will be impossible to sell this protection at an advanced rate to people in the higher income brackets. Unless compelled, people are not going to pay for any article more than it is worth, and the subscribers will be limited to those paying only as much as it is worth, or less. Second, if the break-even point is placed at the high income level, the cost of subsidization will be so heavy that there will be little to choose between it and compulsory health insurance; and we may expect rapid conversion of the program to the latter.

Within the past month, I talked to the Junior Class at Harvard Medical School. I had a most enjoyable day. I learned something from them and I hope that they learned a little from me. I was considerably disturbed, however, by some of the questions they asked me. It seemed to me that some of these questions had been slanted by some insidious planting of ideas in their minds. Too many of the questions were prefaced by "we believe in voluntary insurance, *but—*" It seemed to me that these young men had been given the impression that the indigent in this country do not get much medical care, and that there is a need for drastic changes in the pattern of medical care to provide for them. If these ideas have been given them by instructors in other than clinical fields, then your clinical instructors have failed to impress them with the great amount of first-class medical care given every day to the indigent in Boston. I am afraid that our young people are being taught that indigency is entirely the fault of society, and never the fault of the individual; and that society is obligated

to eradicate indigency with Government doles.

The medical profession has now decided that the only hope of defeating compulsory health insurance lies in the extension of voluntary health insurance. Whether or not voluntary health insurance can be extended depends almost entirely upon the medical profession. Doctors are the only guardians of voluntary health insurance—they determine when the patient goes to the hospital, when he leaves, and what examination and treatment is given him when he is there. Doctors can make or break Blue Cross; and, in some instances, they have almost broken it through unnecessary treatment and extension of hospital stay.

On the other hand, the medical profession can advance voluntary health insurance in a number of ways.

*First*, the doctor can compliment the patient who carries voluntary insurance.

*Second*, he can urge patients to obtain this coverage who do not have it.

*Third*, doctors can participate in Blue Shield Plans. They can abide by the Participation Agreement in which they make no additional charge for services to people within the income limit of the Plan.

*Fourth*, they can make reasonable charges to Blue Shield members who are above the income limit. If the income of a patient is only two or three or four hundred dollars above the income limit, it is not quite cricket to double the cost of the service. While an additional amount should be charged such a patient, the additional charge should be based upon the relation between the fee schedule and the income limit.

*Fifth*, the doctor must prescribe all drugs and services that are necessary, but only those that are necessary. Every added charge makes the cost of voluntary insurance that much greater.

*Sixth*, doctors should refer patients to hospital whenever that is necessary, but never refer them to hospital merely because the patient carries Blue Cross.

On their side, both Blue Cross and Blue Shield must improve their offerings. This I am sure they will do as rapidly as is consistent with sound actuarial control. Blue Cross and Blue Shield are servants both of the people and of the medical and hospital professions. The service they can give depends largely upon the protection given them by the medical profession. The future of voluntary health insurance is in their hands.





# *Rocky Mountain Harvard Medical Alumni Association*

A new Harvard Medical School Alumni organization came into being on March 19, 1948, when a score of Denver physicians, all graduates of the School, met at the home of Doctor George Packard, Class of 1914, and organized the *Rocky Mountain Harvard Medical Alumni Association*.

The following officers were elected and, strangely enough, are still in office:

*President*, George B. Packard, Jr., '14.

*Vice-President*, Ira Dixon, '28.

*Secretary-Treasurer*, Henry Swan, II, '39.

Our aim is two-fold: first, to contribute some intellectual nourishment to the University of Colorado Medical School by supporting an annual lectureship which we hope will become a fixture of recognized quality in the life of the School and will be known as the Harvard Lecture; and second, to further the acquaintance with one another of alumni in this region by means of an annual dinner.

While the University of Colorado is in Boulder its medical school is in Denver. It is the only medical school in the more than 1000 mile east-west span between Kansas City and Salt Lake City. And in the Rocky Mountain area there is no other medical school between the northern and southern borders of our country. So far as I know, no other organization of the alumni of the Harvard Medical School exists west of the Mississippi. If one does, I am sure to hear of it after making the previous statement.

According to our most recent mailing list there are in Colorado and states circumferential to it, 131 alumni distributed as follows: Colorado 48, Kansas 12, Montana 7, Nebraska 18, New Mexico 8, Utah 31, Wyoming 7.

The realization of our first aim has been achieved thus far through two sterling performances by two outstanding members of the Harvard Medical School faculty. Our first Lecturer was Fuller Albright, '24, who spoke on "Anterior Pituitary Function" the evening of May 13, 1948. A dinner was given in his honor at the University Club in Denver prior to the Lecture. Two of his classmates were among the thirty or so alumni present and most of the classes from 1910 to 1943 were represented. The famous Colorado climate put on its sunny May best for the Albrights during their brief visit here.

The second Harvard Lecturer was Marius N. Smith-Petersen who spoke on the evening of May 19, 1949, on the subject of: "Reconstructive Surgery of the Hip." The second annual dinner was given in honor of Doctor Smith-Petersen and while the menu of our first dinner is unremembered at this writing, the excellent Colorado Mountain trout at our dinner this year is happily still in the minds of many who were there.

This year we had a somewhat larger attendance at the dinner and they came from a wider area, one each from Wyoming, New Mexico and Salt Lake City, Utah as well as many Colorado alumni outside of Denver. Again there were present at dinner two classmates of our Lecturer and a span of classes from 1910 to 1945 was represented.

Both these Harvard Lectures were impressive examples of original clinical and laboratory work done in the best tradition of the Harvard Medical School. We hope they are the first of a long and notable series.

IRA DIXON, '28.

## ASSOCIATION OFFICERS

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## *Benjamin Waterhouse*

### *Distinguished Professor of Medicine and "Ghost Writer" Extraordinary*

Dr. Benjamin Waterhouse, to whom Dr. Means refers in his delightful account of a visit to Leiden, was a highly controversial figure in the Harvard Medical School of his day. Although appointed the first Professor of the Theory and Practice of Physic, he was later forced to resign from this position by a younger and apparently more progressive element in the faculty. His reputation, marred by this fact, has been rendered slightly ridiculous by Holmes' description of him as "a brisk, dapper, old gentleman with hair tied in a ribbon behind and, I think powdered, marching smartly about with his gold-headed cane, with a look of questioning sagacity and an utterance of oracular gravity. The good people of Cambridge listened to his learned talk when they were well and sent for one of the other two doctors when they were sick."

Actually, Waterhouse was well equipped to represent the Medical School as its first Professor of Medicine. He had a vigorous, inquiring, and versatile mind, was quick to recognize new advances, as in his prompt advocacy of vaccination for smallpox, and he was among the first to insist that

good medical teaching required control of the hospital wards by the Medical School Faculty. He founded the Cambridge Botanical Gardens, was a keen mineralogist, and wrote extensively on many non-medical as well as medical subjects. He carried on an enthusiastic correspondence with Presidents Jefferson, Adams, and Madison and, in thus keeping a weather eye on the White House, established a significant precedent for any of his distinguished successors who might choose to do likewise!

Perhaps the most extraordinary accomplishment of his later life was the anonymous publication of a book, "The Journal of a Young Man of Massachusetts" which depicts life aboard an American Privateer in the War of 1812, capture and maltreatment by the British, and eventual internment in Dartmoor prison. It is a stirring first-hand account of the adventures of a man who fought the British and suffered at their hands, yet Waterhouse was in his sixties when he wrote it, had not been to sea for over 30 years, and had had no military experience either in the Revolution or the War of 1812. For these reasons many have doubted that Waterhouse actually wrote the journal, particularly as it is entirely different from any of his other writings.

As the journal is an accurate and splendid description of events of which Waterhouse could have had no first-hand knowledge, it is obvious why doubt has arisen over its authorship. That he wrote it, however, may be deduced from the following bit of evidence. In the Medical School Library among some notes and diaries of Waterhouse, there is a draft of a letter which he wrote in October, 1834 to William Cobbett of London congratulating him on a recent biography of Andrew Jackson. It reads:

"Dear Sir:

I have just read your "Life of Andrew Jackson, President of the United States" and cannot refrain from expressing my satisfaction with this little book. It is more in the style of the ancients than the modern



writers and I will further predict that the book will live after you and me. My history of the Dartmore prison went through two impressions, of four thousand copies each, and the majority of readers actually supposed that a young surgeon of a Salem privateer was the writer of it. I entrusted the secret to Mr. Jefferson, Adams, Madison and General Dearborn. They all advised me to put my name to the second edition but I had then some little dread of the newspaper gridiron."

Waterhouse's misspelling of Dartmoor

and his fear of the press is interesting and certainly is in the best medical tradition. Moreover, there is something about reaching a conviction regarding his authorship of "The Journal" which changes one's entire perspective of him. The man who pioneered in vaccination, fought a bitter if losing battle over the policies of the Medical School, and, as an aside, anonymously penned a "novel based on fact" of the War of 1812 could not have been the pompous old gentleman whom Holmes described. Holmes did not know the man.

## Reunions

### *Fiftieth Reunion*

The Class of 1899 held its fiftieth reunion at the Harvard Club on June 6, with six members present.

### *Forty-fifth Reunion*

Our dinner was held at the Boston Harvard Club on May 26, 1949. Thirty-two of our class were present, out of 68 men living at that time. Several of those living, but who did not come, were prevented from coming through physical disability, distance from Boston or other good reasons. Dr. Joseph H. Pratt of the Pratt Diagnostic Clinic and Dr. Frederick T. Lewis of the Histology Department, now retired, were present as guests of the class. Both men gave us a brief but interesting and reminiscent talk. So far as we could find out these two men are the only ones now alive who gave instruction to the entire class, although several others, still living, gave instruction to sections of the class at various hospitals. It was a very pleasant evening. We could not help mentioning the names of those who have died, nor could we help thinking who would be missing when it comes to our fiftieth reunion dinner.

J. DELLINGER BARNEY,  
*Secretary.*

### *Fortieth Reunion*

The Class of 1909 held its fortieth reunion on June fifteenth. The reunion was so successful that its plan of operation may well serve as a model for future classes, forty years out but still interested in the School.

The Class was invited to assemble in the Faculty Room for a morning of solid work. By way of an appetizer, Miss Holt had been persuaded to prepare an exhibit of memorabilia from the Library: pictures of the Class at graduation and at the 25th Reunion; books, monographs and pamphlets written by various members of the Class; and photographs of a few of the best-liked teachers. The writings of the Class were of especial interest because they recorded how many aspects of medicine had attracted the attention of different members over the years.

The first item of serious importance on the docket was a report from the Dean. Eighteen members of the Class had appeared, seated at the Faculty table, and they listened to a short description of the path which the School had followed in recent years. Dr. Burwell began by saying that the catalogue of forty years ago announced the office hours of the Dean were only on Fridays from 4 to 5 p.m., suggest-

ing that problems of administration were considerably less complicated than they now seem to be when a large full-time staff is required to cover the needs of 500 students and 900 teachers.

He spoke of the difficulties of student selection facing the Committee on Admissions, contrasting the days of 1909 when almost all that a man needed to do was to appear at the School with a diploma in his hand, and 1949, when seventeen or more promising youngsters apply for every available opening. He told something of changes in teaching methods: physiology, now taught by Dr. Landis with man as the subject of observation; biochemistry, now taught by Dr. Hastings with emphasis on the clinical application of chemistry to medicine rather than on the theoretic subtleties of the Mass Law; preventive medicine, now taught by Dr. Rutstein by ward rounds in the various hospitals rather than by stories of sewage disposal when "Garde aloo" became a fearsome term; and dermatology, now taught by Dr. Frazier as a section of general medicine in which careful history taking, complete physical examination and accurate diagnosis of what causes a skin lesion has become essential, giving way to our good old days when the proper use of washes 1, 2 or 3 or of ointments 4, 5 or 6 seemed the keynote of success. In brief, he emphasized that today students are being taught to appreciate much more the natural phenomena of disease and the inter-relation in clinical work of the basic sciences of chemistry, anatomy, physiology and pathology, a conscious effort having been made to destroy the artificial barriers which at one time tended to separate these subjects into unrelated, independent disciplines.

The second item on the docket was an x-ray conference by Dr. Merrill Sosman. As the Dean pointed out, Dr. Sosman has developed an unusually interesting weekly meeting at the Brigham Hospital which regularly attracts an amphitheatreful of students, house-staff and visitors. Dr. Sosman now showed the Class of 1909 why

the conference is so popular. He demonstrated films, for example, from a case of what was believed to be gumma of the myocardium wherein a visible mass in the region of the left ventricle disappeared under anti-luetic treatment—and with long-enough follow-up study to make it clear that the changes observed were not fortuitous. He demonstrated films from a patient with a renal anomaly which finally was judged by the radiologic eye to be an aneurism of the renal artery—a diagnosis proving correct on subsequent pathologic investigation. He demonstrated films from one of Dr. Cushing's original cases of basophilic adenoma of the pituitary gland, treated by x-ray, and he exhibited photographs of the patient before therapy was started and as she looks at present—first a young girl with all the physical hall-marks of Cushing's Disease and now a healthy appearing woman. Under treatment she had been completely transformed and besides growing to feel and look well in every way, she had become the mother of a fine baby at the appropriate time.

The third item on the docket was a clinical-pathological conference. All members of the Class remembered how on Tuesday afternoons in the spring they assembled in the room directly over the Faculty Room and discussed cases from Dr. Richard Cabot's "Case Histories in Medicine" with Dr. Cabot officiating and some victim of the class on the floor. Now a student conducted the exercise; a student who had just completed his third year and had been selected as representing the kind of young man the School not infrequently attracts. He was twenty-eight years old—a little older than were members of the Class of 1909 in the spring of 1908. He was a veteran, having served as a naval line officer in the Pacific. He had a good fundamental training in chemistry, physics and biology before he entered the Medical School. He was intelligent.

He displayed something of what Harvard Medical School teaching methods give to a student with such a background.

His performance was so good that it is worth reporting. Certainly, no member of the class could have competed with him, and he seemed a full century ahead of where any of us were forty years ago.

#### *The Case*

A Russian-born woman, 47 years old, came to this country when she was fifteen years old. Three years later a "lump" was removed from her left breast. She married at 28 and for the next nineteen years "led a normal existence without serious illness".

In February 1944 she first noticed a feeling of weakness, in part perhaps due to weight loss of 20 lbs. produced by dietetic restriction. About July 1 she had a grippe-like illness with cough, production of yellowish sputum, and pain in her knees. The cough persisted. Presently she developed pain in the right scapular region, made worse by coughing but not exaggerated by breathing; and a stiff right arm and hand with weakness of the hand and numbness in the palm.

She entered the hospital in August. The fingers and toes were clubbed, which the patient claimed had always been so. The heart seemed enlarged, unconfirmed by X-Ray. The lungs were normal except that by X-Ray "the markings were increased". A film of the spine mentioned no abnormality of the upper thoracic region though there was evidence of hypertrophic arthritis between the 7th and 8th thoracic vertebrae with eburnation of the opposing margins.

Over the heart a systolic murmur was audible with an exaggerated  $P_2$ ; there was no thrill, no evidence of congestive failure (vital capacity 2200) nor of myocardial damage (normal E.K.G.).

Various diagnostic studies were attempted: notably, four blood cultures, and lipiodol instillation to search for possible intrapulmonary disease. The latter procedure was immediately complicated by an attack of fainting, slight fall in blood pressure, and by sharp rise in temperature. A few hours later many rales were heard in both lower lung fields, clearing up promptly.

She re-entered the hospital about six weeks later. During the interval she had complained increasingly of three distressing symptoms: non-productive cough; pain in the right scapular region and shoulder becoming more severe; and numbness in the right palm now including the 2nd and 5th fingers of that hand.

She had become a sick-looking woman and anemic. Her fingers seemed to have increased in clubbedness, the cardiac murmur had become more pronounced and one observer heard a rumbling diastolic murmur. In addition, the cardiac shadow, as judged by X-Ray, had increased in size.

Her third and final entry was about five months after her first period of observation and six weeks after her second hospitalization. Her chief complaint continued to be pain in the right shoulder and arm, but now she was cyanotic though apparently she was not especially dyspneic. She had developed signs of congestive heart failure while at rest and bedridden as evidenced by a notably elevated venous pressure, prolonged circulation time by the Decholin method, rales in both lung bases and bilateral hydrothorax as judged by X-Ray, an enlarged and tender liver with slight degree of jaundice (icteric index of 15), moderate leg and sacral edema, and perhaps renal congestion (rise in N.P.N. and uric acid). Along with all this the heart shadow had continued to increase in size and now both systolic and diastolic murmurs were easily audible.

The fingers of the right hand were definitely more clubbed than were those of the left hand, and there had developed marked atrophy of the interosseus and thenar muscles of the right hand. The transverse process of the 1st thoracic vertebra was thin and hollowed out as if filled by an expanding tumor, as judged by X-Ray.

At this entry she died in terminal collapse, her exitus being accompanied by bloody sputum and marked clouding of both lungs with very little air space remaining, as judged by X-Ray.

Certain incidental findings are of interest. She tended to have a low-grade fever ranging between 98° and 101°. She developed no evidence of an increased pulse pressure to suggest an aortic insufficiency nor were there any great shifts in blood pressure at any time. She had constantly a slight leucocytosis ranging between 12,000 and 14,000 without any particularly striking abnormality in the differential count. The sedimentation rate was elevated. Both her blood serology and spinal fluid serology were negative. Fifteen blood cultures were sterile.

#### *The Discussion*

This patient presented two principal groups of signs and symptoms: those in the region of the apex of the right lung, and those affecting the cardiovascular system.

Apparently she developed the picture of a Pancoast tumor at the right apex, with pain in the shoulder extending down the arm, paresis of the hand (due to pressure of the apical mass on part of the brachial plexus), and x-ray evidence of an expanding lesion near the first thoracic vertebra. Such a lesion might have been due to a metastasis from a pulmonary tumor—a bronchogenic carcinoma of the right upper lobe—or from some other source as, for example, from the "lump" removed from the breast 29 years before—a long interval even for breast carcinomas, which are known for their late metastases. The chronic cough and sputum pointed



to an intra-pulmonary tumor, but extra-pulmonary, upper mediastinal tumors and masses should also be considered, including such rarities as an aneurism of the right subclavian artery or a tuberculoma.

Within five months the cardiovascular manifestations of disease progressed from minimal signs of pulmonary congestion ("increased lung markings" on x-ray and an exaggerated  $P_2$ ) to pathological mitral murmurs, an enlarged heart, congestive failure, and death. Congestive failure coming on so rapidly at bed rest might have resulted from a primary pathologic process in a previously healthy heart, such as acute rheumatic fever. A more likely pathogenesis, however, was that of some generalized disease, such as subacute bacterial endocarditis or the cachexia accompanying a neoplasm and precipitating the failure of a previously damaged heart. The slight murmurs heard on first admission might have indicated previous heart disease, perhaps a sequela of unrecognized rheumatic fever.

A rare diagnosis which fits most of the facts is an aneurism of the right subclavian artery—causing the Pancoast tumor picture and the differential clubbing—with subacute bacterial endocarditis developing in the aneurism and precipitating congestive failure. Many of the clinical signs of endocarditis were present, and even many sterile blood cultures did not by necessity rule it out.

The most plausible diagnosis, however, and the one of choice, is that of primary bronchogenic carcinoma at the right apex with metastases, mitral stenosis and insufficiency due to previous rheumatic fever, and terminal congestive failure.\*

After these morning exercises, the Class lunched together and then dispersed for the afternoon, some of the men watching a ball-game, others sitting around out of doors to chat over all that had occurred since the last reunion fifteen years ago.

Dinner was held at the Harvard Club in the evening. Dr. F. G. Brigham acted as master of ceremonies. First he read letters from classmates who could not be present, next he reported on our losses, and finally

\*To illustrate how Harvard Medical School teaching reflects itself on the minds of students, Dr. Paul D. White was asked to comment on this case. He writes, "I would consider the likelihood of one of the following two diagnoses: malignancy involving the lung and mediastinum with metastases to the spine and pericardium or malignant lymphoma".

Can any alumni-at-large suggest more logical probabilities?

called on each man at the table to say something. Nobody spoke much of himself but instead spoke about his children and what they were doing: our sons and daughters, it appeared, had gone into almost every field of endeavor and, on the whole, happily and successfully.

There was little talk of the War—which had left its scars on the Class—except, as might have been anticipated, to show that our children had played their part honorably; and, gratifyingly enough, there were enough grandchildren recorded to suggest that the Class of 1909, represented in the School today by a son, might be represented in the Class of 1969 by several grandchildren.

And as for the Class itself, as the men of 1909 spoke, one could not believe that any had graduated forty years ago. They still were the group of youngsters who helped in the move from Exeter Street to Shattuck Street in the summer of 1906; they still were enthusiastic Harvard medical students believing in the School and in the future of medicine; they still were boys like the boys of whom, at another reunion nearly a century ago, Dr. O. W. Holmes, HMS 1836, sang so happily—

' . . . always youthful and laughing and gay,  
Till the last dear companion drops smiling away'.

### *Thirtieth Reunion*

The Harvard Medical School class of 1919 held its thirtieth reunion on June 4 with, first and last, the following twenty-four members present: Stuart W. Adler, who made the longest hop, from Albuquerque, New Mexico; Warren G. Atwood, Charles W. Blackett, John P. Bowler, Joseph H. Burnett, C. Sidney Burwell, William L. Davis, Joseph Garland, William Harris, Eliot Hubbard, Jr., Charles H. Jameson, Chester M. Jones, Harold R. Kurth, Norman W. Loud, Frederick J. Lynch, William Mason, Augustine W. McGarry, Joe V. Meigs, Chester R. Mills, Noel G. Monroe, Dwight O'Hara, Grant R. Pennoyer, Lyman G. Richards and Dwight L. Siscoe.

A group of seventeen members started



#### 1919 REUNION

Front Row: Mills, Jones, Siscoe, Meigs, Garland, Harris  
 Middle Row: Monroe, O'Hara, Kurth, Adler, Schwartz, Davis  
 Back Row: Jameson, Mason, Atwood, Loud, Bowler

the reunion rolling by gathering at the new Vincent Memorial Hospital, now attached to the M.G.H. After a rapid tour of the premises they were entertained by Chester Jones, who, with Kodachrome slides, recounted his adventures as a member of the Unitarian Medical Mission to Greece in 1948.

Somewhat augmented, the group adjourned to the Tavern Club for lunch, where the brief business of the meeting took place, and it was voted that the monies collected from time to time as the class gift to the Medical School be transferred to that institution.

The class dinner was held at The Country Club, several of the wives joining in the pre-prandial activities, but dining separately.

Messages of various degrees of sentimentality were read from certain absent members, to wit: Charles L. Martin, Ernest O. Nay, Benedict Olch, W. M. Shedden, Robert F. Loeb, Charles M. Simpson, Shutai T. Woo and William R. Supple. At promptly ten o'clock the meeting was adjourned until 1954.

The loss of five members of the class since its last reunion in 1944 is regretfully announced. They are: William B. Breed, in 1944, Wallace R. Briggs, in 1945, Eugene C. Peck and Richard E. Dunne, in 1946 and George V. Coleman, in 1948.

*Twenty-fifth Reunion*

With a registration of sixty-nine members and forty wives, the 25th reunion of the class of 1924 was held in Boston on June 3-4, 1949. Of those unable to be present, a number wrote from various parts of the world sending regrets and news of

themselves. A few of the more interesting of these letters were read by the secretary at the class dinner Friday night. But now for a play-by-play account of this world-shaking event.

The members first reported aboard H.M.S. *Building A* Friday, between 1000 and 1200. During this unique non-alcoholic period acquaintances were renewed and waist-lines compared. It was generally agreed that 1924 had the slimmest figures of any class since 1900. Suddenly, however, the word was passed to "abandon ship"; whereat all hands quickly went over the side and made for the beach. This proved to be at the precise latitude and longitude of The Country Club, where all hands were soon "splicing the main-brace" with gusto.

After chow was consumed, the entire ship's company led by the intellectual eager-beavers, returned to H.M.S. *Building C* where a mental feast of stupendous proportions supplemented the gastronomic exercise. As if hypnotized, nearly every member automatically took the exact seat occupied by himself in "Froggie" Cannon's course 28 years before. And, just as in that far off time, a fair number went immediately to sleep. At intervals, however, this somnolence was disturbed by loud but well-earned applause, led by chief claquers Prather and Cave.

With the exception of Albright, the speaking team consisted entirely of "visiting firemen": Cattell, Hitzrot, Huggins, McCann, Oughterson, Rhoads, Shore, Smith J., and brother Young, with Huggins getting the highest Hooper rating,—in decibels, that is. At 1730 the snoring sleepers were awakened, and the whole crew went ashore.

In the meantime, the wives had been registered, cocktailed and fed at The Country Club, and were shown the sights of the city including the Gardner Museum, the Art Museum, the Grove Street Morgue, and the Abattoir. Some, it is said, even visited historic points of interest such as Best's, Bonwit Teller's, and Peck and

Peck's. Refreshed by cocktails and dinner at the Women's City Club, they were dragged off to the Pops, and thus their day ended.

The class members, however, made a bee line for the Harvard Club, where the hors-d'oeuvres were waiting and the ice was all cracked. After dinner an attempt was made to show lantern slides of uncensored scenes from that horrendous 4th year picnic, but because the focal distance of the projector was calibrated for use in the Stadium only, the pictures were as foggy as the memories.

The next day at 1000 all hands mustered on the weather deck of H.M.S. *Building A* and were recorded photographically as a group for posterity. After reforming in *Building C*, Sid Burwell recounted the School's academic and financial battles of the past fifty years. He was then presented with a cheque, the second largest ever given by a class; and furthermore, this gift, by unanimous vote, had no strings attached. Dean (B. U.) Faulkner then requested his own release to inactive duty as class secretary, and suggested Prather as his successor. The first proposal was endorsed with regret, the second with enthusiasm.

Following this, the latest physico-chemical gadget, "The Artificial Kidney", was described and demonstrated with lantern slides by Dr. John Merrill of the P.B.B.H. The general impression was that it could regulate the concentration of any or all blood electrolytes, and, it was suspected, the libido as well.

The final speaker was Arlie Bock, Professor of Hygiene, who contrasted in a vivid way scientific medicine of today with that taught twenty-five years ago. He also called attention to the increasing rarity of certain diseases such as lobar pneumonia, typhoid fever, pernicious anemia, and bachelorhood among medical students. But despite all these revolutionary changes, he concluded, a sick man still needs a doctor, not a scientist.

With this encouraging thought, all



hands shoved off and soon made a landing at the Faulkner Plantation, where the crew and wives,—the latter all excited from garden-club-crawling,—became guests of Jim and Mary. And let it be said right now, those two know how to do it!

The weather (courtesy of the Democratic Party) was specially arranged: One of those rare June days (vid. Lowell, J. R.), bright sunshine, a cool breeze, and cotton puff-balls in a deep blue sky for clouds! Chairs and snow white tables on the terrace and lawn! Silver trays of cocktails appear, Maestro Faulkner lifts his baton, and the finale is on!

When cocktails had begun to run out of everybody's ears, a "now hear this" came over the communication system. Claire Albright was then awarded, deservedly, the degree of M.A. (Master of Arrangements), and was presented an appropriate gift from the class. Jim and Mary were next summoned to the quarter-deck and received five silver chain-labels to put on their empty decanters when the class departed.

All this was followed by more cocktails, and finally, by a luncheon to end all luncheons! Cold Penobscot Salmon aux pois! Salads of this! Salads of that! And an unforgettable Virginia Ham! And so the reunion ended: In G Major, Fortissimo!—as 1924 reunions always do.

F. T. HUNTER.

### *Twentieth Reunion*

On the third of June, forty-three members of the Class of 1929 gathered for a pleasant dinner at the Harvard Club. Top honors for travel were shared by Dixon from Havana and Barrett from San Francisco.

There was no formal program. Instead, with Sanderson as toastmaster, each man gave a brief account of his own activities and those of the absentees with whom he was acquainted. These talks gave a hint of what a wonderful time we might enjoy if we could hear more, for example, about Twombly's work with isotopes and hormones, Goodwin's acquaintance with the political situation in China and Dodson's

familiarity with medical problems in the south.

Despite an effort to avoid reference to financial problems of the School, such matters inevitably arose. In the past each class on its 25th reunion has presented a gift to the School. At one time \$10,000 was the goal but it was Hedberg, I believe, who pointed out the meagerness of such a gift. It would mean that each man would give about \$4.00 per year in appreciation of the finest education he could have obtained. A finance committee, therefore, composed of Hedberg, Barrett, Hurwitz and Carr was appointed by your president to make inquiry into the disposition of these contributions and to devise a plan for raising a sum of money within the next five years commensurate with the ideals of the Class of 1929. A report from this committee will be forthcoming within a few months.

Another committee composed of Herb Adams, Riseman and Tanzer was appointed to make plans for our 25th reunion. Any suggestions from other members of the class will be appreciated.

A group photograph taken on this occasion was the best we could do on short notice and hardly does justice to the youthful appearance of our classmates.

For the common interest of your friends at the Medical School, I do hope that each man will feel free to contribute interesting items to the ALUMNI BULLETIN.

S. B. KELLEY.

### *Fifteenth Reunion*

The Class of 1934 held its 15th reunion on May 26. The festivities started at the home of John A. Reidy where class members and their wives renewed old acquaintances over some very good cocktails. By the time representatives from California and Michigan and Ohio had turned up it was apparent to all that this reunion was a matter of nationwide interest. It was just as well that Alice Reidy had arranged to have a special police officer on hand to manage the traffic because 45 class members and 37 wives appeared before the dinner bell rang. The girls moved next door to John Graham's house for dinner and an

evening of complaining about what terrible hours their husbands keep, while the men moved in town to the Harvard Club for a good steak dinner. Professors William B. Castle and Baird Hastings did us the honor of being our guests and welcoming the class back, and William Sweet, formerly of our class, addressed the gathering on subjects related to medical care and the great need the Medical School has for contributions of funds from its alumni. Robert Young also related his experiences in connection with the problems associated with the cost of medical care.

As was to be expected, the party went on far into the night, the general consensus being that it was too bad we had not had a reunion before and that we must hurry to have another one.

JOHN R. GRAHAM.

#### *Tenth Reunion*

Forty-five members of the Class of 1939, including representatives from as far as Texas, Colorado, Wisconsin and Brooklyn, as well as throughout New England, attended their 10th Reunion at the Harvard Club of Boston in June. A preliminary gathering at the estate of Dr. and Mrs. Charles G. Mixter, Sr. in Brookline was graced by about 20 wives. At the dinner a mimeographed bulletin was distributed containing reasonably current information from all but a few class members. A unanimous sentiment was evidenced by those present to repeat this procedure at intervals. A committee was appointed to inaugurate plans for raising a substantial contribution to the Medical School by the 25th Reunion.

It was possible to get about half of those present on their feet to contribute pearls ranging through views on socialized medicine, academic medicine, the future welfare of the Harvard Medical School, the vagaries of medical research, the significance of rank in military medicine, the virtues of country life versus commuting, and the continual struggle against a receding hair-line and an advancing waist-line. A few lantern slides of photos made in the 1935-

1939 era served to prove that classmates heard reassuring one another "they hadn't changed a bit since school" were not necessarily literally correct. A mixture of seriousness of purpose and easy informality was evident which made the Reunion a thoroughly satisfactory affair.

#### *Fifth Reunion*

The Class of 1944 held its fifth reunion at the Harvard Club on June 6, with 44 members present.

### *Annual Meeting-1949*

The Annual Meeting of the Harvard Medical Alumni Association was held on June 8 at the Hotel Ambassador in Atlantic City. About 150 alumni attended. Ample cocktails and a good dinner preceded the business meeting, which was quickly concluded with a unanimous endorsement of the Nominating Committee's slate of officers for 1949-1950. The following were elected: President, J. Howard Means, 1911; Vice-President, Herbert B. Wright, 1923; Secretary, J. Engelbert Dunphy, 1933; Treasurer, Joseph S. Lichty, 1933. C. Sidney Burwell, 1919, John D. Stewart, 1928, and J. Gordon Scannell, 1940, were elected to the Council for three-year terms.

President Kenneth E. Appel, 1924, then presented General Paul Hawley who spoke on the economic situation in medical practice. His address concerned the part that Blue Cross could play in easing the cost of medical care and thereby making it more available to those of low economic means. The thoughts expressed stimulated many to ask questions, and what amounted to a forum discussion of the subject took place.

To this somewhat prejudiced observer, the meeting was easily the most enjoyable that he had attended. An element of spontaneity was present which together perhaps with the ampleness of the pre-prandial fruit juices gave the impression that few if any regretted their attendance.

EDWARD HAMLIN, JR.,

*Secretary.*

# The Stethoscope



Nothing is pleasanter to receive than a letter like this: "You have no idea what a kick I got from your 1888 photo on page 95 of the JUNE BULLETIN. The photo, strange to say, seems to make the men appear younger than they seemed at that time to me. I entered the Medical School in 1877 when Dr. Oliver Wendell Holmes was our Professor of Anatomy. After my return from three years of service on the U.S.S. *Juniata* I used to visit the Medical School and Massachusetts General Hospital. I thank you for the opportunity of meeting again such a pleasant and learned galaxy of friends and I shall treasure and preserve this photo as the memories of the old North Grove Street School are revived." This came from Dr. John W. Baker, HMS 1881, one of our senior alumni, gaily keeping ninety years young and still devoted to the School. Good luck and best wishes to him.—Dean Berry received the honorary degree of Doctor of Laws from Hobart and William Smith College just before he left the State of New York to become a Proper Bostonian.—Dr. Eric Ball received the honorary degree of Doctor of Science from Haverford, a gratifying compliment from Haverford to one of her sons as well as to Harvard for being able to capture him.—Dr. Alan Moritz also received two unusual compliments. Shortly before he left for Cleveland his colleagues of the Massachusetts Medico Legal Society presented the School with a bronze plaque created in his honor. It will be placed within the Department of Legal Medicine where he worked so industriously, and in the Magrath Library whose facilities he so much appreciated.

The other recognition of his contributions to public welfare appeared in the form of an editorial in the Boston *Herald*



of Monday, September 5. "As a result of his work, the science of legal pathology now has national standing. He established at Harvard Medical School a department of Legal Medicine unique in this country and far in advance of any abroad. The department has demonstrated the need of scientific investigation of homicides and unexplained and sudden deaths. It has given free service to the State in legal pathology, with medical experts available night and day to identify the guilty and exonerate the innocent. It has served in detecting public health hazards, as in the case of a bank teller, who was found to have died of malignant diphtheria. And it has trained experts in legal medicine who have taken to other States the advances made here." It is well to know that others besides his colleagues in the Faculty and his students have appreciated Dr. Moritz' zeal and devotion to duty.—No sooner does President Conant award the degree of Doctor of Medicine to a new group of young Harvard physicians, than another group appears on the horizon. This year's first year class was selected from 1876 applicants. It includes 104 men—of whom 58 are veterans—and 7 women; while Harvard, Yale and Princeton are most heavily represented, yet in all 79 colleges have combined to send in newcomers.



## Mayo Hamilton Soley, 1933



It was with the most profound shock and sense of unbelief that the many friends of Mayo Soley learned of his death on June 21, 1949. He had met with a degree of success in his medical career that is granted to few men; what was not apparent until it was too late is that there is a limit to the burdens that can be borne by one man.

Dr. Soley was born in Malden, Massachusetts and attended Bowdoin College, graduating with the B.S. degree in the Class of 1929. He immediately entered the Harvard Medical School and was graduated in the Class of 1933. Following an internship on the East Medical Service of the Massachusetts General Hospital, he joined the staff of the University of California Medical School, where he rose in twelve years from Research Assistant in Medicine through successive grades to Professor of Medicine. He was Assistant Dean of the University of California Medical School for the last four years of his tenure there. He was the founder in 1935 of the Thyroid Clinic at the University of California.

In July 1948 he was called to the University of Iowa to be the Dean of its Medical School, and in addition was Professor of Research Medicine and Director of the University Hospital Medical Services.

He was a member of many medical and scientific societies, among them Sigma Xi, Alpha Omega Alpha, American Society for Clinical Investigation, American Goitre Association, Western Society for Clinical Research, and the Association of American Physicians. His bibliography included nearly fifty papers, the majority of them dealing with various aspects of thyroid function and disease.

However impressive his professional record became, it was as a warm lovable considerate human being that he was most successful. The loyalty inspired by him in his students and patients was as awe-inspiring after his death as it was gratifying before. Yet he was not a genius. His life was an excellent demonstration of the results of the merging of medicine and a man worthy of its best traditions.

The tribute paid to him by his friend and colleague, Dr. William Bennett Bean, head of the Department of Internal Medicine at the University of Iowa, caught the real man:

### *"A Very Parfit Gentil Knight"*

"Mayo Soley came to us with the fervor of high ideals and hopes that he might supply the college of medicine in Iowa with the leadership needed to attain excellence worthy of the people of the mid country of our land. Bringing with him the commingled pride and reserve of a New England heritage to which was added the enthusiasm of the West Coast, he epitomized the traits which have given greatness and luster to the nation.

He had achieved distinction as a physician. He had done imaginative research of high originality as a student of the processes of disease. He had made his mark in the field of medical school administration.

Motivated by a profound feeling for the

patient and the student, the warmth of his presence made him a sympathetic teacher. Because he was always a student he was a superb clinician. His leadership was recognized by membership in the significant medical societies, and service on national committees and editorial boards.

But this array of notable attainments is only the cold list of what a stranger might say in tribute. His warmth and color gave to them a meaning which kept him high in the affectionate regard of his fellows.

He was the cherished center of a devoted family. He was a thoughtful and devoted friend. There was about him the style and elegance of the sunny side of the hill on a spring day. His energy and enterprise found outlets in varied sports in which he went beyond proficiency, for he was satisfied with nothing short of perfection.

Into everything he put a prodigy of effort, carrying on his multitudinous tasks with verve and buoyancy. With high sense of duty, sound scholarship, keen intellect and ready wit he had at his command the mass of detail needed to direct a college of medicine. What he had achieved in the face of innumerable difficulties in one short year had won for him not only respect and admiration but the sympathetic support of his associates.

With such qualities and character he brings to mind the grace and skill, elan and many-sidedness of the Elizabethan gentleman. Beyond anyone's thought he was impatient of delay and drove himself relentlessly but without bitterness to reach his goal. With so much of the path traversed he was suddenly overwhelmed, a martyr to his own idealism."

Dr. Soley was married in 1931 to Anne Hughes. She died in 1937. In 1939 he was married to Dr. Karolina Jump, who survives him together with their three children—Mayo, Charles Hamilton, and Jane.

DANA L. FARNSWORTH, '33.

